

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #k79119

1. Corporation Name

ACARSSA AIR CONDITIONING CORP

2. Principal Office Address - No P.O. Box #

4531 W 10 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4531 W 10 AVE

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

7. Name and Address of Current Registered Agent

Name

ROSARIO SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)

4531 W 10 AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

ROSARIO SANCHEZ

REGISTERED AGENT MUST SIGN

Date **10-10-11**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ANTONIO SANCHEZ	4531 W 10 AVE	HIALEAH FL 33012
VD	ROSARIO SANCHEZ	4531 W 10 AVE	HIALEAH FL 33012

10. E-mail Address: **DASCAR@BELLSOUTH.NET**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *ROSARIO SANCHEZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-11

Date

Daytime Phone #

FILED

11 DEC 16 AM 9:30

SECRETARY OF STATE
DATE OF FILING

REINSTATEMENT 03-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04-10-1989

5. FEI Number

65-0117866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600213313706
10/14/11--01026--012 **1950.00